



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance

WRS Tennessee Tower, 26th Floor

312 Rosa L. Parks Avenue

Nashville, TN 37243

(615) 741-7959

Ethics.Counsel@tn.gov

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services and/or campaign services. Please read the instructions before completing this form. This form must be filed within five (5) days of entering into any contract for consulting services and/or campaign services and must be updated annually within five (5) days of the initial contract date in each subsequent year in which the contract is in effect. Failure to properly and timely submit the form may constitute either a Class A or a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125, 126(d)

1. Name of Filer: Robert Stevens

2. Form Information:

Form Completed By: ☐ Individual RECEIVING Fee ☒ Individual/Entity PAYING Fee

New Disclosure Form: ☒ Yes ☐ No

Contract Year: 2024 - General

3. Disclosure of Individual Receiving Fee:

Name: Tim Rudd Position/ or Title: State Representative

Mailing Address: 2904 Islington Drive

City: Murfreesboro State: TN Zip Code: 37128

Phone: 615-975-1892 Email: ruddt@realtracs.com

4. Disclosure of Payor

Name/Entity: Robert Stevens

Mailing Address: 137 Laurel Hill Drive

City: Smyrna State: TN Zip Code: 37167

Phone: 615-948-5238 Email: stevens_robert@comcast.net

5. Contract and Compensation:

Date of Contract: 8/21/24 Amount of Fee: TBD

Date(s) Services Rendered: various through November 2024 election

Description of Services: Campaign consulting

6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

N/A

7. By my signature below, I attest to the following:

- I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury.
- The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Robert Ste
Signature

8/21/24
Date



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1. Name of Filer: Tim Radd (Starks River Strategies)

2. Form Information:

Form Completed By: ☒ Individual RECEIVING Fee ☐ Individual/Entity PAYING Fee

New Disclosure Form: ☒ Yes ☐ No Contract Year: _____

3. Disclosure of Individual Receiving Fee:

Name: Tim Radd Position/ or Title: Owner

Mailing Address: 2904 Lexington Dr

City: Murfreesboro State: TN Zip Code: 37128

Phone: 615-975-1892 Email: raddt@realtracs.com

4. Disclosure of Payor

Name/Entity: Robert Starks

Mailing Address: 137 Laurel Hill Dr

City: Memphis State: TN Zip Code: 37147

Phone: 615-948-5238 Email: starks-robert@comcast.net

5. Contract and Compensation:

Date of Contract: 8/2/24 Amount of Fee: TBD

Date(s) Services Rendered: Various Through 11/2024 Election

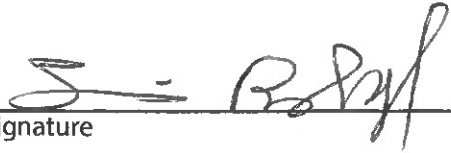
Description of Services: General Campaign Consulting

6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

N/A

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Signature


Date